MAY 1 6 2001

STATE OF ARIZONA

DEPT. OF INSURANCE BY_____

DEPARTMENT OF INSURANCE

In the Matter of:

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) Docket No. 01A-129-INS

CENTRAL RESERVE LIFE INSURANCE COMPANY, NAIC #61727:

CONSENT ORDER

Respondent.

Examiners for the Department of Insurance (the "Department") conducted a market conduct examination of Central Reserve Life Insurance Company ("Central Reserve"). The Report of the Examination of the Market Conduct Affairs of Central Reserve, dated June 1, 1998 alleges that Central Reserve has violated A.R.S. §§ 20-448.01, 20-461, 20-462, 20-2104, 20-2110, 20-2307, 20-2309, 20-2311, 20-2313, 20-2323, and A.A.C. R20-6-201, R20-6-209, R20-6-218, R20-6-801, R20-6-1203, R20-6-1205, and the prior Consent Order, Docket #8532, dated August 29, 1994.

Central Reserve wishes to resolve this matter without formal proceedings, neither admits nor denies that the following Findings of Fact are true, and consents to the entry of the following Conclusions of Law and Order.

FINDINGS OF FACT

- 1. Central Reserve is authorized to transact life and disability insurance pursuant to a Certificate of Authority issued by the Director.
- 2. The Examiners were authorized by the Director to conduct a market conduct examination of Central Reserve. The on-site examination covered the time period from January 1, 1995 through December 31, 1997, and was concluded on June 1, 1998. Based on the findings the Examiners prepared the "Report of Examination of the Market Conduct Affairs of Central Reserve Life Insurance Company" dated June 1,

- 3. Following a market conduct examination of Central Reserve Life Insurance Company as of December 31, 1991, the Director entered a Consent Order, Docket No. 8532, which was filed on August 29, 1994 (the "1994 Order"). Section 1 of the "Order" portion of the 1994 Order stated as follows:
 - "1. Respondent (Central Reserve) shall cease and desist from failing to provide ... full disclosures of all applicable exclusions and limitations to coverage in any and all sales brochures and advertising materials of any type ... from failing to notify the claimant of acceptance or denial of the claim within 15 working days after receiving the proof of loss; from failing to complete the investigation of claims within 30 calendar days after notification of the claim; and failing to pay interest to a first-party claimant where the subject claim was not paid within 30 days after receipt of the proof of loss."
- 4. The Examiners reviewed 31 of 31 claim-related consumer appeals processed by the Company during the time frame of the examination and found that Central Reserve failed to send an appropriate reply to 20 claimants within ten working days, when the insurer had received pertinent communications which reasonably suggested that a response was expected.
- 5. The Examiners reviewed all advertising materials used by the Company during the time frame of the examination and found as follows:
- a. Central Reserve used a statement in one group health insurance sales proposal letter that contained the following language: "Additionally, because Central Reserve Life Insurance Company is one of the nation's leaders in managed care controls, it has become known as 'The Preferred Managed Care Company.' This emphasis has been successful in keeping our costs dramatically down and our rates significantly lower than the national average." This statement alleges that the Company's rates are significantly below the national average without establishing the validity of the claim, providing independent evidence to support these allegations, or

substantiation to validate this claim.

- b. Central Reserve used statements in a group health insurance renewal letter that referred to specific policy benefits (organ and tissue transplants, bone marrow transplants, improved incentive dental benefit) but did not disclose exceptions, reductions, and limitations affecting the basic provisions of the policy, and therefore may have had the capacity and tendency to mislead or deceive the insured, with respect to the benefits of the policies to be issued, failed to disclose the extent to which any loss is not covered if the cause of such loss is traceable to a condition existing prior to the effective date of the policy, and included statements that implied the value of the Company's plan was greater than most other plans being offered without any substantiation to validate its claims.
- c. Central Reserve included statements in its video, "Professional Multi-Option Plan" (© 1995), that referred to specific policy benefits but did not disclose exceptions, reductions, and limitations affecting the basic provisions of the policy, and therefore constituted an advertisement that had the capacity and tendency to mislead or deceive, failed to include statements that disclosed the extent to which any loss is not covered if the cause of such loss is traceable to a condition exiting prior to the effective date of the policy, and included statements that implied that complications of pregnancy are covered without restriction, which was not confirmed by the policy language or the claims practices of the Company.
- d. Central Reserve included statements in its video, "Centers of Excellence" (© 1996 CRL 13952), that referred to specific policy benefits but did not disclose exceptions, reductions, and limitations affecting the basic provisions of the policy, and therefore constitutes an advertisement that may have the capacity and tendency to mislead or deceive and did not disclose the extent to which any loss is not

covered if the cause of such loss is traceable to a condition existing prior to the effective date of the policy.

- e. Central Reserve included statements in its video, "Leadership in Managed Care TRANSPLANT CENTERS OF EXCELLENCE" (© 1996), that referred to specific policy benefits but did not disclose exceptions, reductions, and limitations affecting the basic provisions of the policy, and therefore constitutes an advertisement that may have the capacity and tendency to mislead or deceive and did not disclose the extent to which any loss is not covered if the cause of such loss is traceable to a condition existing prior to the effective date of the policy.
- f. Central Reserve has not circulated nor distributed any of the above advertising materials in Arizona since 1998.
- 6. Central Reserve, during the time frame of the Examination, failed to file with the Department, a list of all exempt forms available for issue in Arizona, on or before June 30 of 1995, 1996, and 1997.
- 7. The Examiners reviewed all of Central Reserve's policy forms and filings pertinent to the time frame of the Examination and found as follows:
- a. Central Reserve marketed 22 policy forms in Arizona that covered the complications of pregnancy differently from any other illness or sickness due to the Company's definition of "complications of pregnancy."
- b. Central Reserve marketed 22 policy forms in Arizona that covered HIV, AIDS, and AIDS-related conditions differently from any other illness or sickness. The Examiners found no evidence that HIV, AIDS, or AIDS-related claims were not paid.
 - Central Reserve used a non-compliant Disclosure Form.
 - d. Central Reserve failed to file an HIV-related test consent form.

Central Reserve is not currently marketing life insurance in Arizona.

- 8. The Examiners reviewed the Company's compliance with the Accountable Health Plan provisions of the Arizona Insurance Code and found as follows:
- a. Central Reserve induced 560 policyholders to surrender their existing policies, for reasons that were not allowed by statute.
- b. Central Reserve implemented a rate increase at renewal that exceeded the legally allowable amount on 15 new health plans.
- c. Central Reserve refused to accept seven individual applicants, who were eligible for coverage, due to underwriting considerations relating to health-related factors.
- d. Central Reserve failed to include with 42 renewal notices, an explanation of the extent to which any increase in premium was due to the actual or expected claims experience of the individuals covered under the employers health benefits plan.
- 9. The Examiners reviewed the Company's compliance with the provisions of the Health Insurance Portability and Accountability Act of 1996 as incorporated into Arizona's Statutes and Rules and found that Central Reserve sent a memo to Arizona agents that stated that the Company would not pay commissions to agents who submitted an application for business that would require a maximum medical load. Central Reserve alleges that this policy was never implemented and that the Examiners did not find any evidence that any specific small employer did not file an application for coverage based on the fact that the agent would not receive a commission.
- 10. The Examiners reviewed 53 of 109 individual life insurance policies issued during the time frame of the examination and found as follows:

- a. Central Reserve failed to obtain written consent, prior to testing, from five subjects of an HIV-related test on a form as prescribed by the Director.
- b. Central Reserve failed to provide two applicants with a Summary of Rights, in the event of an adverse underwriting decision.
- 11. The Examiners reviewed 37 individual short-term major medical claims paid and 29 individual short term major medical claims denied by the Company during the time frame of the examination and found that Central Reserve failed to notify four first party claimants of the acceptance or denial of the claim within 15 working days after receipt of an acceptable proof of loss.
- 12. The Examiners reviewed 50 of 58 individual association group applications declined, 50 of 694 individual association group applications issued, and 35 of 37 individual association group applications withdrawn by the Company during the time frame of the examination and found as follows:
- a. Central Reserve failed to provide ten applicants with the specific reason for an adverse underwriting decision in writing or advise the applicants that upon written request the applicants or their designee may receive the specific reason in writing.
- b. Central Reserve failed to provide 13 applicants with a Summary of Rights.
- c. Central Reserve failed to provide a Notice of Insurance Information Practices to 13 applicants that contained the required information.
- 13. The Examiners reviewed 31 of 31 group major medical claim files where the Company received a subrogation recovery during the time frame of the examination and found that Central Reserve received inappropriate payments on 22 claims.
 - 14. The Examiners determined that Central Reserve paid 4,548 claims to

chiropractic providers, or to insureds for the services of chiropractic providers, at out-of network rates from January 1, 1995 through March 31, 1996. There were no chiropractors in the network utilized by the Company, so the claims should have been paid at network rates.

- 15. The Examiners reviewed 102 of 102 claims for chiropractic benefits during the time frame of the examination, and found that Central Reserve failed to disclose all pertinent benefits to its claimants. Central Reserve continued to limit the benefits for chiropractic treatment after the treatment limitations had been removed from the policy.
- 16. The Examiners reviewed 843 of 843 group major medical claim involving "complications of pregnancy" and found that the policy's definition of "complications of pregnancy" may have been too narrow and affected 181 claimants.
- 17. The Examiners reviewed 270 of 270 group major medical maternity claims denied by the Company during the time frame of the examination. Central Reserve denied 87 claims for the complications of pregnancy, by restricting benefits to the amount of the graded maternity benefit of the policy
- 18. The Examiners reviewed 100 of 4,991 group indemnity claims paid, 100 of 1,082 group indemnity claims denied, 100 of 185,328 group medical claims paid for services rendered through the Maricopa Foundation for Medical Care, 100 of 36,417 group medical claims denied for services rendered through the Maricopa Foundation for Medical Care, 50 of 268 group medical claims paid for services rendered through the Community Care Network, 32 of 32 group medical claims denied for services rendered through the Community Care Network, 13 of 13 short-term disability income claims paid, 100 of 14,193 group dental claims paid, and 50 of 2,479 group dental claims denied by the Company during the time frame of the Examination and found as follows:

- a. Central Reserve failed to notify 196 first party claimants of the acceptance or denial of the claim within 15 working days.
- b. Central Reserve failed to complete the investigation of 63 claims within 30 days after notification of the claim.
- c. Central Reserve failed to pay interest on 29 claims not paid with 30 days after receipt of an acceptable proof of loss.

CONCLUSIONS OF LAW

- 1. Central Reserve violated A.R.S. § 20-461(A)(2) and A.A.C. R20-6-801(E)(3) by failing to acknowledge within ten working days, the receipt of pertinent communications from a claimant which reasonably suggested that a response was expected.
- 2. Central Reserve violated A.A.C R20-6-201(B) and R20-6-201(Q) by using advertising materials that may have a tendency to mislead, regarding the terms of the policies issued by the Company, circulating an advertisement that contained statements with respect to the business of insurance that may have a tendency to mislead, and including in its advertising materials allegations of the superiority of the Company without documentation or substantiation.
- 3. Central Reserve violated A.A.C. R20-6-218(B) by failing to file with the Department, on or before June 30 of each year, a verified list of all exempt forms available for issue in Arizona (for years 1995, 1996, and 1997).
- 4. Central Reserve violated A.A.C. R20-6-209(F)(6) by marketing policies in Arizona that covered the complications of pregnancy differently from any other illness or sickness due to the Company's definition of "complications of pregnancy."
 - 5. Central Reserve violated A.A.C. R20-6-1205(B) by marketing policies in

Arizona that covered HIV, AIDS, and AIDS-related conditions differently from any other illness or sickness.

- 6. Central Reserve violated A.R.S. §§ 20-2323(A) and 20-2323(B) by using a non-compliant disclosure form.
- 7. Central Reserve violated A.R.S. § 20-448.01(B) and A.A.C. R20-6-1203(C) by failing to file an HIV-related test consent form with the Department.
- 8. Central Reserve violated A.R.S. § 20-2309(B) by canceling group health policies for reasons that are not allowed by statute.
- 9. Central Reserve violated A.R.S. § 20-2311(C) by raising health benefits plan rates beyond the limits that are set forth in this statute.
- 10. Central Reserve violated A.R.S. § 20-2307(A) by refusing coverage to individuals in employer group plans who were eligible for coverage.
- 11. Central Reserve violated A.R.S. § 20-2309(A) by failing to include in its renewal notices an explanation of the extent to which any increase in premium was due to the actual or expected claim experience of the individuals covered by the employer's health plan.
- 12. Central Reserve violated A.R.S. § 20-2313(A) by distributing a memo to its Arizona sales force that stated that no commissions would be paid to producers who submitted a group health application with a maximum medical load. This practice may have discouraged agents from filing an application based on health status-related factors relative to the group.
- 13. Central Reserve violated A.R.S. § 20-448.01(B) and A.A.C. R20-6-1203(C) by failing to obtain written consent, prior to testing, from its applicants on a form previously approved by the Director.
 - 14. Central Reserve violated A.R.S. § 20-2110(A) by failing to give applicants

for insurance notice of adverse underwriting decisions that included: (1) The specific reasons for adverse underwriting, and/or (2) Notification that the specific reasons could be obtained upon written request.

- 15. Central Reserve violated A.R.S. § 20-461(A)(5), A.A.C. R20-6-801(G)(1)(a), and the prior Consent Order, Docket #8532, filed August 29, 1994, by failing to notify the first party claimant of the acceptance or denial of the claim within 15 working days after receipt of an acceptable proof of loss.
- 16. Central Reserve violated A.R.S. § 20-2104(B) by failing to provide the applicant with a Notice of Insurance Information Practices that contained all of the required information.
- 17. Central Reserve violated A.R.S. § 20-461(A)(6) by recovering funds through subrogation from unallowable sources.
- 18. Central Reserve violated A.R.S. §§ 20-461(A)(6) and 20-461(B) by paying chiropractic claims at out-of-network rates when there were no chiropractic physicians available in its preferred provider networks during this time.
- 19. Central Reserve violated A.R.S. § 20-461(A)(1) and A.A.C. R20-6-801(D) by failing to disclose all pertinent benefits for chiropractic treatment after the treatment limitations had been removed from the policy.
- 20. Central Reserve violated A.A.C. R20-6-209(F)(6) by failing to disclose all pertinent benefits under an insurance contract, regarding expenses due to complications of pregnancy.
- 21. Central Reserve violated A.R.S. § 20-461(A)(3), A.A.C. R20-6-801(F), and the prior Consent Order, Docket #8532, filed August 29, 1994, by failing to complete the investigation of a claim within 30 days after notification of the claim.
 - 22. Central Reserve violated A.R.S. § 20-462(A) and the prior Consent Order,

Docket #8532, filed August 29, 1994, by failing to pay interest on all claims not paid within 30 days of receipt of an acceptable proof of loss.

23. Grounds exist for the entry of the following Order, in accordance with A.R.S. §§ 20-220, 20-456, and 20-2117.

ORDER

IT IS ORDERED THAT:

- 1. Central Reserve Life Insurance Company shall cease and desist from committing the following practices:
 - Failing to comply with an Order of the Director.
- b. Using advertising materials that may have a tendency to mislead, regarding the terms of the policies issued by the Company, or with respect to the business of insurance.
- c. Inducing a policyholder to surrender an insurance policy that was not cancelable under the terms of the contract.
- d. Obtaining permission of the applicants for HIV-related testing on consent forms other than the form approved by the Director.
- e. Failing to treat the complications of pregnancy the same as any other illness under the contract.
- f. Failing to acknowledge within ten working days, the receipt of pertinent communications from a claimant, which reasonably suggest that a response is expected.
- g. Failing to complete claims investigations within 30 days of notification of claim.
 - h. Failing to accept or deny claims within 15 days after receipt of proof of

- i. Paying chiropractic benefits at out-of-network rates when there were no chiropractic physicians available in its network.
- j. Failing to pay interest on claims not paid within 30 days after the receipt of acceptable proof of loss.
- k. Failing to provide a Notice of Insurance Information Practices in insurance policy applications that contained all of the required information.
- I. Failing to give applicants written notice of adverse underwriting decisions containing the specific reasons for the decision and notification that the specific reason could be obtained upon written request.
- m. Implementing a policy among its sales staff whereby commissions are not paid on full load applications. This practice may have discouraged agents from filing an application based on health status-related factors relative to the group.
- n. Failing to include in its renewal notices to all groups, an explanation of the extent to which any increase in premium was due to the actual or expected claim experience of the individuals covered by the employer's health plan.
- o. Terminating health benefit plans for reasons contrary to Arizona statues and rules.
 - p. Raising health benefit plan rates beyond statutory limits.
 - q. Issuing and disseminating a non-compliant disclosure form.
- r. Failing to file with the Department, by June 30 of each year, a verified list of all exempt forms available for issue in Arizona.
- s. Failing to provide benefits for HIV, AIDS, and AIDS-related conditions in the same manner and to the same extent as provided for all other diseases.
 - t. Recovering funds via subrogation from sources other than those

permitted by statute.

- 2. Within 90 days of the filed date of this Order, Central Reserve shall submit to the Arizona Department of Insurance, for approval, evidence that corrections have been implemented and communicated to the appropriate personnel, regarding the issues outlined in Item 1 of the Order section of this Consent Order. Evidence of corrective action and communication thereof includes, but is not limited to, memos, bulletins, E-mails, correspondence, procedures manuals, print screens, and training materials. Because the Company does not currently market life insurance in Arizona, the Company shall not have to comply with item 1d of the Order section of this Order until 90 days prior to its re-entry into the Arizona life insurance market.
- 3. Within 90 days of the filed date of this Order, Central Reserve shall document to the Department, where the interest is \$1.00 or greater, that it has paid interest on the 31 claims listed in Exhibit A of this Order. Interest shall be calculated at the rate of ten per cent per annum, from the date each claim was received by the Company, to the date the claim was paid.
- 4. Within 90 days of the filed date of this Order, Central Reserve shall document to the Department that it has conducted a self-audit of the 102 chiropractic claims, listed in Exhibit B of the Order. The Company limited the benefits for chiropractic care after the treatment limitations for chiropractic care had been removed from the policy. All of the claims shall be reopened and evaluated to determine if payments are due to the claimants. Claimants shall be paid for chiropractic services that were improperly denied, plus interest. Interest shall be calculated at the rate of ten per cent per annum from the date the claim was received by the Company to the date the claim was paid.
 - 5. Central Reserve shall reopen the 22 subrogation claims listed in Exhibit C

of this Order, and refund all third-party recovery monies it received from these policyholders, plus interest. Interest shall be calculated at the rate of ten per cent per annum from the date the monies were paid to the Company, to the date of the refund.

- 6. Central Reserve shall submit to the Department, for its approval, a revised version of its definition of "complications of pregnancy" that will be incorporated into applicable Arizona policies.
- 7. A letter shall accompany each payment made pursuant to paragraphs 3,4, and 5 above to the claimant. Relating to paragraph 5, the letter shall be in a form previously approved by the Director. A list of payments, giving the name and address of each party paid, the amount of the payment, the amount of interest paid, and the date of payment, shall be provided to the Department within 90 days of the filed date of this Order.
- 8. The Department shall be permitted, through authorized representatives, to verify that Central Reserve has complied with all provisions of this Order.
- 9. Central Reserve shall pay a civil penalty of \$50,000.00 to the Director for deposit in the State General Fund in accordance with A.R.S. § 20-220(B). The civil penalty shall be provided to the Market Conduct Examinations Division of the Department prior to the filing of this Order.
- 10. The Report of Examination of the Market Conduct Affairs of Central Reserve as of June 1, 1998, including the letter submitted in response to the Report of Examination, shall be filed with the Department after the Director has filed this Order. DATED at Phoenix, Arizona this 15 day of May 2001.

Charles R. Cohen Director of Insurance

EXHIBIT A

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2	CLAIMS NOT PAID WITHIN 30 DAYS OF RECEIPT OF ACCEPTABLE PROOF OF						
3	LOSS - A.R.S. § 20-462 (A)						
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5	GROUP LIFE INSURANCE DEATH CLAIMS PAID						
6	129585-13						
7	GROUP MEDICAL INDEMNITY CLAIMS PAID						
8	2173357 2132526 1373094 2148071 2507058 2644152						
9							
10	GROUP MEDICAL MARICOPA FOUNDATION NETWORK CLAIMS PAID						
11	1002675 2988027 2985849 2915163 2345924 2963577 2945926 2501926						
12	2501926						
13	GROUP MEDICAL COMMUNITY CARE NETWORK CLAIMS PAID						
14	2679073 2876730 2648710 3068265						
15	SHORT-TERM DISABILITY INCOME (WEEKLY INDEMNITY) CLAIMS PAID						
16	86425-9						
17							
18	GROUP DENTAL CLAIMS PAID						
19	1049289 1280976 1683122 1397316 2863047 2970499 1966192 2201302 2454528 3175120 2121359						
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EXHIBIT B

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CHIROPRACTIC LIMITATIONS PAID CLAIMS

VIOLATIONS OF A.A.C. R20-6-801(D)(1)

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TOTAL: 102

EXHIBIT C

SUBROGATION

VIOLATIONS OF A.R.S. § 20-461(A)(6)

HCC CASE ID#	HCC CASE ID #
302681 226787 252784 222909 252868 257682 265094 303646 303039 243355 315101	322269 315228 322288 226354 252656 302352 226863 252819 266500 302919 196695
	155095

CONSENT TO ORDER

- 1. Central Reserve Life Insurance Company has reviewed the foregoing Order.
- 2. Central Reserve Life Insurance Company admits the jurisdiction of the Director of Insurance, State of Arizona, admits the foregoing Findings of Fact, and consents to the entry of the Conclusions of Law and Order.
- 3. Central Reserve Life Insurance Company is aware of the right to a hearing, at which it may be represented by counsel, present evidence, and cross-examine witnesses. Central Reserve Life Insurance Company irrevocably waives the right to such notice and hearing and to any court appeals related to this Order.
- 4. Central Reserve Life Insurance Company states that no promise of any kind or nature whatsoever was made to it to induce it to enter into this Consent Order and that it has entered into this Consent Order voluntarily.
- 5. Central Reserve Life Insurance Company acknowledges that the acceptance of this Order by the Director of the Arizona Department of Insurance is solely for the purpose of settling this matter and does not preclude any other agency or officer of this state or its subdivisions or any other person from instituting proceedings, whether civil, criminal, or administrative, as may be appropriate now or in the future.
- 6. Revald L. Ketowski, who holds the office of Sevier Dive Precident of Central Reserve Life Insurance Company is authorized to enter into this Order for it and on its behalf.

	CENTRAL RESERVE LIFE INSURANCE COMPANY
5/9/01 Date	By: In a political

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COPY of the foregoing mailed/delivered 1 this <u>16th</u> day of ______, 2001, to: 2 3 Sara Begley 4 **Deputy Director** Mary Butterfield 5 **Assistant Director** Consumer Affairs Division 6 Paul J. Hogan Chief Market Conduct Examiner 7 Deloris E. Williamson **Assistant Director** 8 Rates & Regulations Division 9 Steve Ferguson **Assistant Director** 10 Financial Affairs Division Nancy Howse 11 Chief Financial Examiner Alexandra Shafer 12 **Assistant Director** Life & Health Division 13 Terry L Cooper Fraud Unit Chief 14 15 DEPARTMENT OF INSURANCE 16 2910 North 44th Street, Suite 210 Phoenix, AZ 85018 17 18 Central Reserve Life Insurance Company Mr. Ronald L. Kotowski, Senior Vice President of Government Relations 19 17800 Royalton Road Strongsville, OH 44136-5197 20 21 urrey Burton 22

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